

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Beth
Vol. No. 4087
Inc. Town _____
City _____

Registration District No. 52
Primary Registration District No. _____
(No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Daisy Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married
Married married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Dec 9 1901
(Month) (Day) (Year)

7 AGE 28 yrs. no mos. no ds.
IF LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work House keeper
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Beth Co. Ky

10 NAME OF FATHER Wm. Rice also called

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Louisia Social

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo Addams

(Address) Salt Lick, 14

Filed 1-2, 1925 Wm. S. Reynolds
Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Jan 1 1925
(Month) (Day) (Year)

16 I HEREBY CERTIFY, that I attended deceased from May 3 1924 to Dec 20 1924, that I last saw her alive on Dec 20 1924, and that death occurred on the date stated above at 4 P.M.

17 The CAUSE OF DEATH was as follows:
Pulmonary T.B.

(Duration) 1 yrs. no mos. no ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Dr. P. Jones, M.D.
Jan 2, 1925 (Address) Salt Lick, Ky
(State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place _____ in the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, _____

If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1000 2nd St. Salt Lick, Ky

20 UNDERTAKER ADDRESS
Johnny Calvert, mendenhall

4-11-25
4-11-25 Ycy

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. It is the duty of OCCUPATION is very important. See instructions on back of certificate.